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<b>TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	18021-2919B
	First named inventor	Paul Sternberg
	Express mail label #	EL576845655US
	Date of mailing	September 5, 2000

JCE20 U.S. PTO  
 09/05/00  
 09/655160

Application Elements	Accompanying Application Papers
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing <u>69</u> pages (including claims and Abstract) and a Sequence Listing (62 pages).  a. Title: POLYCYSTIC KIDNEY DISEASE GENE HOMOLOGS REQUIRED FOR MALE MATING BEHAVIOR IN NEMATODES AND ASSAYS BASED THEREON  b. Number of claims: <u>63</u> 3. <input checked="" type="checkbox"/> <u>7</u> sheets of drawings with <u>4</u> Figs. 4. <input checked="" type="checkbox"/> Copy of Declaration from parent application 5. <input checked="" type="checkbox"/> Sequence Listing (62 pages)  <input checked="" type="checkbox"/> Paper copy (identical to computer copy)  <input checked="" type="checkbox"/> Computer readable copy  <input type="checkbox"/> Verified statement	6. <input type="checkbox"/> Copy of assignment from prior 7. <input checked="" type="checkbox"/> Copy of Small Entity Statement filed in priority application  8. <input type="checkbox"/> Preliminary Amendment 9. <input checked="" type="checkbox"/> Return Receipt Postcard
	<b>SIGNATURE OF ATTORNEY/AGENT</b>  HELLER EHRMAN WHITE & McAULIFFE LLP  Stephanie Seidman Registration Number: 33,779

☒ This application is a divisional of U.S. application Serial No. 09/479,467, filed January 6, 2000 is claimed. Benefit of priority under 35 U.S.C. §119(e) to U.S. Provisional Application Serial No. 60/115,127, filed January 6, 1999 is also claimed. The subject matter of each of these applications is incorporated by reference in its entirety.

CORRESPONDENCE ADDRESS	
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FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	8021-2919B
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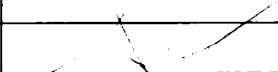
#### FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$ 690.00
b)	Independent Claims $\frac{15}{- 3} = \frac{12}{}$ x \$ 78.00	\$ 936.00
c)	Total Claims $\frac{63}{- 20} = \frac{43}{}$ x \$ 18.00	\$ 774.00
d)	Fee for Multiple Dependent Claims - \$230.00	\$ 0.00
	<b>TOTAL FILING FEE</b>	<b>\$ 2400.00</b>

[X] Statement(s) of Status as Small Entity  
reducing Fee by one-half to \$1200.00

[X] A check in the amount of \$1200.00 to cover the fee for filing the application.

[X] The Commissioner is hereby authorized to charge any fees that may be required in this application during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:					
Typed or printed name	Stephanie Seidman			Reg. Number	33,779
Signature		Date	09/05/00	Deposit Account	50-1213